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ABSTRACT

A 5-year longitudinal study of infant day care programs in New York City is described. Emphasis is on the effects of day care on the child and family, particulary with regard to mother-infant separation. The study is large scale (involving 550 children and families), and it focuses on service-oriented programs that have been developed in the past few years by many participating agencies. Three groups are being studied: (1) children in group day care centers, (2) children in family day care centers, and (3) home reared children. Data is largely based on systematic, naturalistic observations, although many tests of cognitive, emotional-social, and physical development are being used as outcome measures. Instruments to indicate effects on families are also being administered. Some cross-sectional analysis will be made, so that early versus late entry comparisons can be included. The project stresses the acceptance and cooperation of each of the participating agencies and parents involved; the steps taken to insure these attitudes are described. (DP)

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NEW YORK CITY INFANT DAY CARE STUDY

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NEW YORK CITY INFANT DAY CARE STUDY

Introduction

There has been a dramatic increase in day care facilities for infants under two years of age in New York City and in the country as a whole in the last few years. It is essential that this rapid growth be accompanied by the development of a body of research data that will help to provide the information needed to structure sound infant programs.

This paper describes a five-year longitudinal study, now in progress, which is designed to obtain the kind of information needed to plan quality day care for infants by studying the newly developing programs in New York City and their impact on children and their families.

A second aim of this study is to provide data on the effect on how children develop when they are separated from their mothers in a day care situation during the infancy period. Although attitudes toward group care for infants are changing in this country, there are strong feelings by child development specialists and others that separating infants from their mothers for prolonged periods of time during the day may have adverse effects on their development.

In contrast to studies being carried out in a few academically-based demonstration infant day care centers, with relatively small numbers of children, this is a large-scale study, involving 550 children and their families, enrolled in service-oriented, community-controlled programs in a major city. The size and variability of day care facilities in New York City provide an excellent opportunity to obtain information that will be useful in planning future infant day care programs in New York and other large urban areas.

The expansion of infant day care in the City of New York started in 1968 when the City Health Code was amended to permit group day care of infants from two months to two years. From 1959 to 1968, group day care was not open

to this age group. There are now 23 operating group day care centers serving 522 infants with 44 more centers in various planning stages. The development of infant group day care programs in New York City has been discussed in two previous papers presented to the APHA.[1] Family day care programs in the City of New York service 900 children under two years of age. The agencies participating in the study were drawn from the family and group day care programs servicing infants.

The study is being carried out in cooperation with the participating day care agencies, the New York City Agency for Child Development, which is the major source of financial support for the infant day care programs, and the New York City Health Department, which has the responsibility for licensing group day care centers in the city. It is funded by two grants from the United States Department of Health, Education and Welfare; one from the Maternal and Child Health Service and the other from the Office of Child Development.[2] It was developed initially under a grant from the Fund for the City of New York.

Study Design

550 children between 6 and 36 months of age and their families are included in the study. Children's development and the patterns of care provided to them in three different child-rearing environments are being studied: (1) children in group day care centers; (2) those in family day care programs; and (3) children reared at home by their own mothers. In the two types of infant day care programs, children who start at approximately 6, 12, and 18 months of age will be studied longitudinally until 36 months of age.

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(1) Infants in the Inner City, Jorn, M.G., Mayer, S.A., and Harris, D., November 1969, (presented at APHA, Philadelphia, Pa.), and Group Day Care for Children Under Three, Mayer, S.A., A.J.P.H., January 1972, pps. 43-45.

(2) Grant No. MC-R-360011; Grant No. OCD-CB-118.

An At-Home sample will be studied cross-sectionally at 6, 12, and 18 months of age. In addition, children who enter group and family day care at 36 months of age will be studied cross-sectionally. The three samples are made up of children from the same neighborhoods and are similar in terms of socio-economic background, ethnicity, age of mothers, and sex.

The design of the study makes it possible to assess both the effects on children's development of the three different child-rearing environments, and also makes it possible to assess the effects of early versus later entry into day care programs. A comparison of the outcome measures of infants who start day care at different ages and home-reared infants of the same ages will also provide data on whether or not infant day care is detrimental to children's development. (See Table A for a more detailed description of the sample distribution design).

TABLE A
New York City Infant Day Care Study
Sample Distribution Design

Sample	Starting Age (Mos.)	Termination Age (Mos.)	Type of Program	No. of Children
6-Month	6	36	Group	50
	6	36	Family	50
	6	6	At-Home	50
12-Month	12	36	Group	50
	12	36	Family	50
	12	12	At-Home	50
18-Month	18	36	Group	50
	18	36	Family	50
	18	18	At-Home	50
36-Month	36	36	Group	50
	36	36	Family	50
			Total:	550

Program or environmental input and outcome measures are being collected in four major areas: (i) Health, Nutrition, and Physical Development; (ii) Cognitive and Language Development; (iii) Social, Personality, and Emotional

Development; and (iv) Family Development. By relating different aspects of environmental or program input to developmental outcome in the four major areas, we will attempt to identify program components which facilitate development in these areas.

Description of Participating Agencies

In infant group day care, a child is cared for in a center consisting of several groups with a maximum of ten children in each group. Ten group day care centers are currently a part of this study.

In family day care, the child is cared for in a licensed private home by a mature non-professional woman. A maximum of five children, with only two under two years of age, may be cared for in any home. There are three major types of family day care programs operating under the auspices of the New York City Agency for Child Development:

1. The Family Day Care Careers Program, which consists of 21 agencies located in poverty areas in the five boroughs of New York City. The sponsoring agencies are all community-based. Each agency assumes the responsibility for hiring, training and supervising the provider-mothers, who care for children in their own homes. These programs serve 59% of family day care populations.

2. The Family Day Care Cluster Program: Under this program, a cluster of family day care homes is attached to a group day care center in their geographic area and administered in conjunction with the group center. The cluster program serves 26% of the family day care population.

3. Those operated by private agencies, serving 15% of the family day care population.

Nine Family Day Care Careers Agencies are a part of this study. We are now recruiting four cluster programs.

The At-Home sample will be recruited from Child Health Stations located in the same areas served by our day care programs.

Study Methodology

Observations of Caregiver and Child in Their Day Care Setting

Systematic naturalistic observations of the sample child and his/her caregiver(s) are made in the child's day care setting (the group day care classroom, the family day care home, or, in the case of the At-Home sample, in the child's own home) to collect input and outcome data on cognitive and language development; social, personality, and emotional development; as well as to assess the child's physical environment. In addition, observations of the types of food presented to children in their day care setting, and the measures taken to insure the child's physical safety provide data on health and nutrition.

A member of the field team spends one whole day in each child's day care setting at 6, 12, 18, 27, and 36 months of age to collect this data. All of the field team measures to be described were developed by our research team for the purpose of the present study.

CORE, (for "core observations"), is the principle method employed to obtain data about children's experiences in the different child-rearing environments. The emphasis is on the sample child's activities, whether he is interacting with a caregiving adult or not, and the nature of the interaction if a carefiver is involved. CORE observations are completed five times during the the observational day. Each CORE takes 10½ minutes. Two CORE samples are obtained in the morning, two in the afternoon and one is completed during the noon meal.

A reliability study of CORE was carried out on 60 children, ranging in age from 6 to 36 months of age. The level of inter-observer agreement was high. (The Kappa coefficients ranged from .73 to .98 for the 16 CORE variables, with only two below .80).

Additional measures used in the observational day include:

1. A Food Record designed to provide an estimate of the nutritional

input to children in different day care settings during the course of a single day's observation. Rating scales designed to assess the nature of the caregiver-child interaction during lunch are also completed at the time of the noon meal.

2. Checklists which give us more detailed information than we obtain in CORE about how the caregiver and child interact in three areas: Learning, Language and Control.

3. A Physical Setting, Materials, and Equipment Checklist which assesses the physical environment of each child's day care setting.

4. Global rating scales, characterizing important aspects of the sample child's and caregiver(s)' behavior, are completed by the observer at the end of the observation day.

5. An interview with each caregiver is held annually. Information is obtained about the caregiver's educational background, her previous experience and training in the care of young children; information about her present day care position; as well as her ideas on child-rearing.

The Input Committee, a group of early childhood specialists, representing the New York City Health Department and Agency for Child Development, and several major universities in New York City worked closely with staff in developing the input measures used in this study. They are now working with us in developing a review of the agencies' central personnel, policies and procedures.

Outcome Measures for Cognitive and Emotional Social Functioning

In addition to the information collected by the field team, we are using a combination of available standard tests and scales developed for this study to chart the development of children in our three settings. All tests and scales are administered in English or Spanish.

These include the Bayley Mental Scale used from six to 27 months; the Bayley Motor Scales at six and 12 months; the Standard-Binet Intelligence

Test at 36 months; and Behavior Rating Scales adapted from the Bayley Behavior Record for this study at all ages. A verbal comprehension scale is used from 12 to 36 months of age. We are also developing an Extended Play-Observation Interview to be used at 36 months of age.

Measures for Assessing Physical Developmental Outcome

Data on children's physical development is collected through three basic approaches: A series of clincal examinations performed by staff pediatricians using an age specific protocol at 6, 12, 18 and 36 months of age including the measurement of height, weight and head circumference; a series of laboratory tests including urinalysis and blood tests at the same ages; and review of medical, immunization and attendance records every six months. This information will provide a detailed picture of the development of children in the three settings.

A review of pre-natal and birth records is used to define all sample children as at risk or not at risk births for comparison purposes, and to help interpret growth and developmental patterns.

A comparison of our findings with those of the children's regular source of medical care and the analysis of immunizations received will yield data on the adequacy of care received by infants in the study from the various medical care programs available to them.

Family Development

Two methods of assessing family functioning are used in analyzing family development for this study: 1) The Hollingshead Two-Factor Index, which is based on the education and occupation of the head of the household, supplemented by the total income of family, and the source of income (i.e., Public Assistance and/or wages). 2) The St. Paul Scale, which was developed by Geismar and Ayres (1960),[3] assesses qualitative aspects and changes in the pattern of family

(3) Geismar, L.L.; and Ayres, Beverly. Measuring Family Functioning. Saint Paul, Minnesota: Greater Saint Paul United Fund and Council, Inc. 1960.

functioning. The above information and supplemental material on maternal health history, parent language behavior and infant nutrition are obtained in a series of interviews with families in their homes. If a family leaves the day care agency before the child is 36 months, an exit interview is held to explore the reasons for leaving.

Relationships with Participating Agencies

The intensive nature of the study just described requires the acceptance and cooperation of each of the participating agencies and of the parents of each sample child. Much of the effort of the entire research staff is directed to developing and maintaining good working relationships with the day care agencies. While we are continually redefining and rethinking these relationships, four underlying principles are central in this area.

The first is the totally voluntary nature of the study. Each of the agencies who participate in the study, do so because their governing boards have agreed, and each has the option of leaving the study at any time. Agency agreement is made after lengthy discussions between representatives of the project and the board. Additionally, parents of eligible children within the agency must agree to join the study in writing and also have the option of withdrawing their child.

The second is the policy role agencies play in the study. Every participating day care agency chooses representatives to the Study Policy Committee; usually the director of the program and a member of the governing board are selected to represent the agency. The Agency for Child Development, the Department of Health, and the directors of the study are also represented on the Committee. The Policy Committee reviews study plans, procedures, and publications.

The third principle is one of thorough communication at all levels.

Acceptance of the study by Agency staff, children's caretakers and parents is based on an understanding of its goals and methodology. We have found it important to meet with all staff members, in staff meetings and small groups, and to attend parent meetings to discuss the study in detail. In addition, research personnel are available to meet parents of prospective sample children on a one-to-one basis. Observers and home interviewers always review the study with provider-mothers or with the children's parents on an informal basis, before observing or interviewing.

The fourth principle is one of confidentiality. All information that is gathered by the research team about an individual family, caretaker, child or day care agency is confidential. Published data will, in every case, be presented in a way that will protect this confidentiality. At the Policy Committee's request, one exception has been made to this rule, and that is, that information obtained by staff pediatricians or by the testing team indicating a problem in a child's development, is reported to the agency director and through the director to the child's parents. The study also accepted the responsibility for assisting the agency in finding a resource for care of the problem where necessary. In analyzing our data, the effect of such feedback on children's subsequent development will be taken into account.

The study described is large and multi-faceted; it is possible only because of the research partnership that has been formed between the participating agencies, the research staff, the Agency for Child Development, and the Health Department. The longitudinal review of the development of large numbers of children means that useful program data will not be available until 1976. It is hoped, however, that the information thus obtained will make an important contribution to our understanding of infant day care.